




ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 000009

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
EPA Region 5 Records Ctr.  371769		2	20 G. YC.	WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>1-2-86</u>	EPA IDENTIFICATION CODE NO. <u>OH2095557766</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>3100 NEEDMORE RD.</u>	CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45424</u> PHONE <u>455-5365</u>		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>J. N. KANON</u>	Print Name <u>THOMAS A. KANON</u>	Phone <u>455-5365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>M. J. Martin</u>	Print Name <u>MIC MARTIN</u>	Date Received <u>1-2-86</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS <u>1475 DUNDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45430</u>	PHONE <u>299-9991</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date <u>1-2-86</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05012

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
A.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
A.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Gal. V.D.	W/OOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-3-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KAVORR</u>		Print Name <u>THOMAS N. KAVORR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAVAK</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>1-3-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Walter H. Hill</u>		Print Name <u>WALTER H. HILL</u>		Date <u>1-5-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05015

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
<u>Good</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.H.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-3-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0095557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5026</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T.N. Kaniore</u>		Print Name <u>THOMAS N. KANORE</u>		Phone <u>455-5026</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>1-3-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAVEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45434</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Bullett</u>		Print Name <u>KENNETH BULLETT</u>		Date <u>1-3-86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85723

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-5-87</u>	EPA IDENTIFICATION CODE NO. <u>OHDO95557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanock</u>		Print Name <u>THOMAS N. KANOCK</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>1-5-87</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>290-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>1/5/86</u>

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05017

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		3	12 in. x 10	1000
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-6-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557700</u>	
COMPANY NAME <u>DELCO MORAINIE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45479</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS H. KAUER</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>WEL MARTIN</u>	Date Received <u>1-6-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name _____	Date <u>1-6-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05019

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 cu. yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>1-7-86</u>	EPA IDENTIFICATION CODE NO. <u>DHC045557TH</u>	
COMPANY NAME <u>DELCO MORaine DIV OF GM</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE ROAD</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45426</u>	PHONE <u>237-1245</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>Jack Jackson</u>	Print Name <u>Jack Jackson</u>	DATE <u>1-7-86</u>	Phone _____
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>Mel Martin</u>	Print Name <u>MEL MARTIN</u>	Date Received <u>1-7-86</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1415 S. DRYDEN ROAD</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>289-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>	Print Name _____	Date <u>1-7-86</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85021

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 cu. yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-8-86</u>		EPA IDENTIFICATION CODE NO. <u>OH10045557766</u>	
COMPANY NAME <u>DELCO MORaine DIV OF GM</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 NEEDMORE ROAD</u>		CITY <u>DAYTON</u>		ZIP <u>45426</u> PHONE <u>237-1365</u>	
STATE <u>OHIO</u>					
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Jack Jackson</u>		Print Name <u>JACK JACKSON</u>		DATE <u>1-8-86</u> Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Melvin</u>		Print Name <u>MELVIN</u>		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN ROAD</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8841</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth Grillet</u>		Print Name <u>KENNETH GRILLET</u>		Date <u>1-8-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05024

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 cu. yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-9-86</u>	EPA IDENTIFICATION CODE NO. <u>OH045557766</u>	
COMPANY NAME <u>DELCO MORaine DIV OF GM</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE ROAD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45426</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Jack Jackson</u>		Print Name <u>JACK JACKSON</u>	DATE <u>1-9-86</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Martin</u>		Print Name <u>MELVIN MARTIN</u>	Date Received <u>1-9-86</u>	
TREATMENT/ DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN ROAD</u>		JOB NO. _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Grillo</u>		Print Name <u>KENNETH GRILLO</u>	Date <u>1-9-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 25026

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. YD.</u>	<u>WOOD</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR	DATE SHIPPED <u>1-10-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature <u>T. N. Kanork</u>	Print Name <u>THOMAS N. KANORK</u>	Phone <u>455-5365</u>
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TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature <u>Mel Martin</u>	Print Name <u>MEL MARTIN</u>	Date Received <u>1-10-86</u>
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TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DAYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>290-8891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature <u>Keith Coulter</u>	Print Name _____	Date <u>1-10-86</u>
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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 35030

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-13-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORHAINE</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. M. KANON</u>		Print Name <u>THOMAS M. KANON</u>		Phone <u>455-5365</u>	
TRANSPORTER				EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>M. J. Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>1-13-86</u>	
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS <u>1975 DRYDELL RD.</u>				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8941</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kevin D. Miller</u>		Print Name _____		Date <u>1-13-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05037

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-15-86</u>		EPA IDENTIFICATION CODE NO. <u>04D045557766</u>
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanore</u>		Print Name <u>THOMAS N. KANORE</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>1-15-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Grilcot</u>		Print Name <u>KENNETH GRILCOT</u>		Date <u>1-15-86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS040

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-16-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KAVORR</u>		Print Name <u>THOMAS N. KAVORR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>1-16-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45434</u> PHONE <u>294-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth Grillo</u>		Print Name <u>KENNETH GRILLO</u>		Date <u>1-16-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05044

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. YD.	WOOD

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>1-17-86</u> EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORAINÉ</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>955-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>T. N. KANOR</u>	Print Name <u>THOMAS N. KANOR</u> Phone <u>955-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature <u>MEL MARTIN</u>	Print Name <u>MEL MARTIN</u> Date Received <u>1-17-86</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DEYDEN RD</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-8391</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature <u>Kenneth G. R. L...</u>	Print Name <u>KENNETH G. R. L...</u> Date <u>1-17-86</u>



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85049

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION
<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____
ADDITIONAL INFORMATION:	

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>1-20-86</u> EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>955-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>[Signature]</u>	Print Name <u>THOMAS N. KAUFER</u> Phone <u>455-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature <u>[Signature]</u>	Print Name <u>MEL MARTIN</u> Date Received <u>1-20-86</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature <u>[Signature]</u>	Print Name <u>KENNETH GILLOT</u> Date <u>1-20-86</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS053

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>1-22-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDD045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____	
CITY <u>DARTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KANORR Print Name THOMAS N. KANORR Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 1-22-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DARTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DARTON</u>	STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>299-9891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth L. Girillo Print Name KENNETH L. GIRILLO Date 1-22-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 25057

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

N.A.

IN CASE OF EMERGENCY, NOTIFY:

N.A.

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 1-23-86 EPA IDENTIFICATION CODE NO. OHDO45557766
COMPANY NAME DELCO MORHAINE STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 435-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. Kanork Print Name THOMAS N. KANORK Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 1-23-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grillo Print Name KENNETH GRILLO Date 1-23-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B50611

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu YD</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-27-86</u>	EPA IDENTIFICATION CODE NO. <u>OH 045557766</u>	
COMPANY NAME <u>DELCO MORAINES</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>4355365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>DD Toler</u>		Print Name <u>DOUGLAS G. TOLER</u>	Phone <u>4555365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEI MARTIN</u>		Print Name <u>MEI MARTIN</u>	Date Received <u>1-27-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>2998891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Gullett</u>		Print Name <u>KENNETH GULLETT</u>	Date <u>1-25-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85062

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

N.A.

IN CASE OF EMERGENCY, NOTIFY: _____

N.A.

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<i>1</i>	<i>15 Cu. yd.</i>	<i>WOOD</i>

MATERIAL DISPOSITION

☐ RECLAMATION ☒ INCINERATION ☐ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 1-27-86 EPA IDENTIFICATION CODE NO. OHDO45557766
COMPANY NAME DELCO MORaine DIV OF GM STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE ROAD PURCHASE ORDER _____
CITY DAYTON, STATE OHIO ZIP 45426 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature Jack Jackson Print Name JACK JACKSON DATE 1-27-86

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY STATE I.D. CODE _____
ADDRESS JOB I.D. NO. _____
CITY STATE ZIP PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature X Martin Print Name MELVIN MARTIN Date Received 1-27-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1475 DRYDEN ROAD JOB NO. _____
CITY DAYTON, STATE OHIO ZIP 45439 PHONE 291-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for our records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Elbe Print Name _____ Date 1-27-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

NO. 35066

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. YD.</u>	<u>WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>1-28-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO4555766</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>3100 NEEDMORE RD.</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	PHONE <u>455-5365</u>	

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KANON Print Name THOMAS N. KANON Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 1-28-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	ZIP <u>45439</u> PHONE <u>299-0891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature KEVIN THORNTON Print Name KEVIN THORNTON Date 1-28-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. PS070

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. YD.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR DATE SHIPPED 1-30-86 EPA IDENTIFICATION CODE NO. OHDD045557766
COMPANY NAME DELCO MORHAINE STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
Signature [Signature] Print Name THOMAS N. KANORE Phone 455-5365
TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.
Signature [Signature] Print Name MEL MARTIN Date Received 1-30-86
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 290-8891
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.
Signature [Signature] Print Name _____ Date 1-30-86



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. ES073

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: N.A.

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 1-31-86 EPA IDENTIFICATION CODE NO. OHDO45557766
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. Kanore Print Name THOMAS N. KANORE Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 1-31-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 297-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grillet Print Name KENNETH GRILLET Date 1-31-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **PS077**

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.H.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>2-1-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>T. N. Kanore</u>	Print Name <u>THOMAS N. KANORE</u>	Phone <u>455-5365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>Mel Martin</u>	Print Name <u>MEL MARTIN</u>	Date Received <u>2-1-86</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>Kenneth Grillo</u>	Print Name <u>KENNETH GRILLO</u>	Date <u>2-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS080

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

N.A.

IN CASE OF EMERGENCY, NOTIFY:

N.A.

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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1

15 Cu. Yd.

WOOD

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 2-3-86 EPA IDENTIFICATION CODE NO. OH0045557166
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. KANICK Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 2-3-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH GRILLOT Date 2-3-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **B5083**

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION

☒ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR DATE SHIPPED 2-4-86 EPA IDENTIFICATION CODE NO. OH0045557766
 COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
 ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
 CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. KANORR Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
 COMPANY SAME STATE I.D. CODE _____
 ADDRESS _____ JOB I.D. NO. _____
 CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 2-4-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
 COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
 ADDRESS 1975 DRYDEN RD. JOB NO. _____
 CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name _____ Date 2-4-86



ENVIRONMENTAL MANIFEST

NO. BS092

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>20 Cu. Yd.</u>	<u>FILL</u>

MATERIAL DISPOSITION				
<input checked="" type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>2-8-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	STATE I.D. NO. _____	
COMPANY NAME <u>DELCO MORAIN</u>		PURCHASE ORDER _____		
ADDRESS <u>3100 WILKINSON RD.</u>		ZIP <u>45474</u>	PHONE <u>455-5365</u>	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOR</u>	Print Name <u>THOMAS N. KANOR</u>	Phone <u>455-5365</u>		
TRANSPORTER	EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>	STATE I.D. CODE _____			
ADDRESS _____	JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>M. E. MARTIN</u>	Print Name <u>MIKE MARTIN</u>	Date Received <u>2-8-86</u>		
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____	Print Name _____	Date <u>2-8-86</u>		



ENVIRONMENTAL MANIFEST

NO. BS09S

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. YD.</u>	<u>WOOD</u>

MATERIAL DISPOSITION	
<input checked="" type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>2-10-86</u> EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature <u>T. N. KANOR</u>	Print Name <u>THOMAS N. KANOR</u>	Phone <u>455-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>	STATE I.D. CODE _____	
ADDRESS _____	JOB I.D. NO. _____	
CITY _____ STATE _____	ZIP _____	PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature <u>MEL MARTIN</u>	Print Name <u>MEL MARTIN</u>	Date Received <u>2-10-86</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____	
ADDRESS <u>1975 DAYDEN RD.</u>	JOB NO. _____	
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-8991</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature <u>Kenneth Grillo</u>	Print Name <u>KENNETH GRILLO</u>	Date <u>2-10-86</u>
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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85097

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>11</u> <u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>20 Cu. Yd.</u>	<u>Fill</u>

MATERIAL DISPOSITION			
<input checked="" type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>2-11-86</u>	EPA IDENTIFICATION CODE NO. <u>04D095557766</u>	
COMPANY NAME <u>DELCO MORAINÉ</u>		STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>J. M. KANOV</u>	Print Name <u>THOMAS A. KANOV</u>	Phone <u>455-5365</u>	

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature <u>M. Martin</u>	Print Name <u>MAC MARTIN</u> Date Received <u>2-11-86</u>

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1475 DEYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature <u>Randy Gault</u>	Print Name _____ Date <u>2-11-86</u>



Delco Moraine
DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5098

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

N.A.

IN CASE OF EMERGENCY, NOTIFY: N.A.

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION

☒ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL
INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 2-11-86 EPA IDENTIFICATION CODE NO. OH0045557766
COMPANY NAME DELCO MORAINÉ STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. Kanon Print Name THOMAS N. KANON Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature M. Martin Print Name MICHAEL MARTIN Date Received 2-11-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grillo Print Name KENNETH GRILLO Date 2-11-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05100

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 CU. YD</u>	<u>FILL</u>

MATERIAL DISPOSITION	
<input checked="" type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>7-12-86</u> EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>J. N. Kanow</u>	Print Name <u>THOMAS N. KANOW</u> Phone <u>455-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature <u>MEL MARTIN</u>	Print Name <u>MEL MARTIN</u> Date Received <u>7-12-86</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date <u>7-12-86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05102

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 GAL. YD.</u>	<u>FILL</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-13-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORAINIE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. W. Kanover</u>		Print Name <u>THOMAS W. KANOVER</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>2-13-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>799-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>KENNETH A GRILL</u>		Print Name <u>KENNETH GRILL</u>		Date <u>2-13-86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

NO. 35104

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: N.H.

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>31</u>	<u>15 Cu. YD.</u>	<u>FILL</u>

MATERIAL DISPOSITION

☒ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 2-14-86 EPA IDENTIFICATION CODE NO. OH0045557766
COMPANY NAME DELCO MORAINES STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature Thomas A. Kankore Print Name THOMAS A. KANKORE Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 2-14-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 S DAYTON RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date 2-14-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 35105

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 2-14-86 EPA IDENTIFICATION CODE NO. OH0045557766
COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. KANORR Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MIC MARTIN Date Received 2-14-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8391

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH GILLET Date 2-19-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 03708

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 cu. yd.	WOOD	
MATERIAL DISPOSITION					
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-15-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDC4555776</u>	
COMPANY NAME <u>DELCO MORaine DIV OF GM</u>		STATE I.D. NO. _____			
ADDRESS <u>3100 NEEDMORE ROAD</u>		PURCHASE ORDER _____			
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Jack Jackson</u>		Print Name <u>JACK JACKSON</u>		Phone <u>2/15/86</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Melvin Martin</u>		Print Name <u>MELVIN MARTIN</u>		Date Received <u>2/15/86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN ROAD</u>		JOB NO. _____			
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth Grille</u>		Print Name <u>KENNETH GRILLE</u>		Date <u>2-15-86</u>	

WHITE RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS111

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 7-17-86 EPA IDENTIFICATION CODE NO. OH0095557766
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. Kanor Print Name THOMAS N. KANOR Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature MEL MARTIN Print Name MEL MARTIN Date Received 7-17-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRIDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grullot Print Name KENNETH GRULLOT Date 7-17-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85113

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 cu. yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2/18/86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557166</u>	
COMPANY NAME <u>DELCO MORaine DIV OF GM.</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 NEEDMORE ROAD</u>		CITY <u>DAYTON,</u>		STATE <u>OHIO</u> ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Jack Jackson</u>		Print Name <u>JACK JACKSON</u>		DATE <u>2/18/86</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>- Same -</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MELVIN MARTIN</u>		Date Received <u>2/18/86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN ROAD</u>		JOB NO. _____			
CITY <u>DAYTON,</u>		STATE <u>OHIO</u>		ZIP <u>45414</u> PHONE <u>898-5026</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>2-18-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85115

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

N.A.

IN CASE OF EMERGENCY, NOTIFY: N.A.

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 cu. yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION

☒ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 2-19-86 EPA IDENTIFICATION CODE NO. OH004555716
COMPANY NAME DELCO MORaine DIV OF GM STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE ROAD PURCHASE ORDER _____
CITY DAYTON, STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature Jack Jackson Print Name JACK JACKSON DATE 2/19/86

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY - Same - STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MELVIN MARTIN Date Received 2/19/86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 S. DRYDEN ROAD JOB NO. _____
CITY DAYTON, STATE OHIO ZIP 45439 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grillo Print Name KENNETH GRILLO Date 2-19-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 95116

PP-28-55-21-21-2

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 cu. yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION			
<input checked="" type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>2/19/86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORAINES DIV OF GM</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE ROAD</u>	PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature Jack Jackson Print Name JACK JACKSON Date 2/19/86

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Melvin Martin Print Name MELVIN MARTIN Date Received _____

TREATMENT/ DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1915 S. DRYDEN</u>	JOB NO. _____
CITY <u>DAYTON,</u>	STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>899-8591</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grillet Print Name KENNETH GRILLET Date 2-19-86

WHITE-RETURN TO GENERATOR	CANARY-TSPF COPY	PINK-TRANSPORTER COPY	GOLD-GENERATOR
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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 03178

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 cu. yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION				
<input checked="" type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION						
GENERATOR	DATE SHIPPED <u>2/20/86</u>	EPA IDENTIFICATION CODE NO.	<u>OH0045557766</u>			
COMPANY NAME <u>DELCO MORAIN DIV OF GM</u>	STATE I.D. NO.					
ADDRESS <u>3100 NEEDMORE ROAD</u>	PURCHASE ORDER					
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature <u>Jack Jackson</u>	Print Name <u>Jack Jackson</u>	DATE <u>2/20/86</u>	Phone			
TRANSPORTER	EPA IDENTIFICATION NO.					
COMPANY <u>SAME</u>	STATE I.D. CODE					
ADDRESS	JOB I.D. NO.					
CITY	STATE	ZIP	PHONE			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature <u>Mel Martin</u>	Print Name <u>Mel Martin</u>	Date Received <u>2/20/86</u>				
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO.					
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO.					
ADDRESS <u>1975 S. DRYDEN ROAD</u>	JOB NO.					
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>299-8891</u>			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature _____	Print Name _____	Date <u>2-20-86</u>				



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85121

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-21-86</u>	EPA IDENTIFICATION CODE NO. <u>04D045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanorr</u>		Print Name <u>THOMAS N. KANORR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>2-21-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth G. Miller</u>		Print Name _____	Date <u>2-21-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5122

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	FILL

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 2-22-86 EPA IDENTIFICATION CODE NO. OH0045557766
COMPANY NAME DELCO MORAIKE STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature J. N. Kanon Print Name THOMAS N. KANON Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Martin Print Name MEL MARTIN Date Received 2-22-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grillet Print Name KENNETH GRILLET Date 2-22-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5124

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>Fill</u>
MATERIAL DISPOSITION				
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-24-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORHAINE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-53105</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanork</u>		Print Name <u>THOMAS N. KANORK</u>		Phone <u>455-53105</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>2-24-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>175 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>290-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Grillo</u>		Print Name <u>KENNETH GRILLOT</u>		Date <u>2-24-86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS/25

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. YD.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-24-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanore</u>		Print Name <u>THOMAS N. KANORE</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>2-24-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>204-8391</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Grillo</u>		Print Name <u>KENNETH GRILLOT</u>	Date <u>2-24-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5127

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>FILL</u>
MATERIAL DISPOSITION				
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-25-86</u>		EPA IDENTIFICATION CODE NO. <u>OH D0455577610</u>
COMPANY NAME <u>DELCO MORAINIE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS M. KALORK</u>		Phone <u>455-5305</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEC MARTIN</u>		Date Received <u>2-25-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAVDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH G. PILLET</u>		Date <u>2-25-86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS130

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

N.A.

IN CASE OF EMERGENCY, NOTIFY:

N.A.

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

DOT SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>FILL</u>

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 2-26-86 EPA IDENTIFICATION CODE NO. 04D045557166

COMPANY NAME DEICO MORAINIE STATE I.D. NO. _____

ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____

CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. Kauer Print Name THOMAS N. KAUEK Phone 455-5365

TRANSPORTER

COMPANY SAME EPA IDENTIFICATION NO. _____

ADDRESS _____ STATE I.D. CODE _____

CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martini Print Name MEL MARTINI Date Received 2-26-86

TREATMENT/DISPOSAL FACILITY

COMPANY SOUTH DAYTON DUMP EPA IDENTIFICATION CODE NO. _____

ADDRESS 1975 DAYDEN RD. STATE I.D. NO. _____

CITY DAYTON STATE OHIO JOB NO. _____ ZIP 45439 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Gullett Print Name _____ Date 2-26-86

WHITE RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5136

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N/A.</u>				
<u>N/A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N/A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu YD</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-28-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0 045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOW</u>		Print Name <u>THOMAS N. KANOW</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>2-28-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth E. Gillot</u>		Print Name <u>KENNETH E. GILLOT</u>	Date <u>2-28-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 75138

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>2</u>	<u>15 Ctr. YD.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-1-86</u>		EPA IDENTIFICATION CODE NO. <u>OH004555776</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 MEROMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. M. KAWORE</u>		Print Name <u>THOMAS M. KAWORE</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEEL MARTIN</u>		Print Name <u>MEEL MARTIN</u>		Date Received <u>3-1-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS <u>1975 DRYDEN RD.</u>				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8591</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth Grell</u>		Print Name <u>KENNETH GRELL</u>		Date <u>3-1-86</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS1740

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____ 					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-3-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T.N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>3-3-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1978 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-3891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth Grillo</u>		Print Name <u>KENNETH GRILLO</u>		Date <u>3-3-86</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05150

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	20 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-7-86</u>		EPA IDENTIFICATION CODE NO. <u>CHD04SS57766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KAWORE</u>		Print Name <u>THOMAS N. KAWORE</u>		Phone <u>455-5365</u>	
TRANSPORTER				EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>3-7-86</u>	
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS <u>175 DRYDEN RD.</u>				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth Hill</u>		Print Name <u>KENNETH HILL</u>		Date <u>3-7-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85152

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.H.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>2</u>	<u>15 Cu. YD.</u>	<u>FILL</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-8-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0 045557766</u>	
COMPANY NAME <u>DELCO MORANE</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>3-8-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth Grillet</u>		Print Name <u>KENNETH GRILLET</u>		Date <u>3-8-86</u>	



ENVIRONMENTAL MANIFEST

NO. BS133

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	Fill	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-10-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDCASS57766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. Kanore</u>		Print Name <u>THOMAS N. KANORE</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>3-10-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-9391</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth Grullot</u>		Print Name <u>KENNETH GRULLOT</u>		Date <u>3-10-86</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5160

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. TRACTOR NO.	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-12-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. Kinner</u>		Print Name <u>THOMAS N. KINNER</u>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>3-12-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth Grillo</u>		Print Name <u>KENNETH GRILLO</u>		Date <u>3-12-86</u>	



ENVIRONMENTAL MANIFEST

NO. B5163☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. YD.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-13-86</u>		EPA IDENTIFICATION CODE NO. <u>OHID 045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KANORR</u>		Print Name <u>THOMAS N. KANORR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>M. J. Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>3-13-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>294-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth J. Grillo</u>		Print Name <u>KENNETH GRILLOT</u>		Date <u>3/13/86</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 35166

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

IN CASE OF EMERGENCY, NOTIFY: N/A

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 3-14-86 EPA IDENTIFICATION CODE NO. OH0045557766

COMPANY NAME DELCO MORaine STATE I.D. NO. _____

ADDRESS 3100 NEEDMORE RD PURCHASE ORDER _____

CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KANON Print Name THOMAS N. KANON Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____

COMPANY SAIDE STATE I.D. CODE _____

ADDRESS _____ JOB I.D. NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 3-14-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____

COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____

ADDRESS 1975 DAYDEN RD JOB NO. _____

CITY DAYTON STATE OHIO ZIP 45439 PHONE 209-8991

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Gullett Print Name KENNETH GULLETT Date 3-14-86



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS168

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. YD.</u>	<u>FILL</u>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____
ADDITIONAL INFORMATION:	

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>3-15-86</u> EPA IDENTIFICATION CODE NO. _____
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>J. N. KAWOW</u>	Print Name <u>THOMAS N. KAWOW</u> Phone <u>455-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAHIE</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature <u>M. L. MARTIN</u>	Print Name <u>MEL MARTIN</u> Date Received <u>3-15-86</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-8811</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature <u>Kenneth H. GRIFF</u>	Print Name <u>KENNETH H. GRIFF</u> Date <u>3-15-86</u>



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85171

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

N.H.

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: _____

N.H.

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<i>2</i>	<i>15 Cu. Yd.</i>	<i>WOOD</i>

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL
INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED *3-17-86* EPA IDENTIFICATION CODE NO. *OH00455577616*

COMPANY NAME *DELCO MORAINIE* STATE I.D. NO. _____

ADDRESS *3100 NEEDMORE RD.* PURCHASE ORDER _____

CITY *DAYTON* STATE *OHIO* ZIP *45424* PHONE *455-5365*

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature *T. N. KANON* Print Name *THOMAS N. KANON* Phone *455-5365*

TRANSPORTER

SAME

EPA IDENTIFICATION NO. _____

COMPANY _____ STATE I.D. CODE _____

ADDRESS _____ JOB I.D. NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature *Link Orange* Print Name *LINK ORANGE* Date Received *3-17-86*

TREATMENT/DISPOSAL FACILITY

EPA IDENTIFICATION CODE NO. _____

COMPANY *SOUTH DAYTON DUMP* STATE I.D. NO. _____

ADDRESS *1475 DRYDEN RD.* JOB NO. _____

CITY *DAYTON* STATE *OHIO* ZIP *45439* PHONE *299-8891*

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature *Kenneth Grillo* Print Name *KENNETH GRILLOT* Date *3-17-86*



Delco Moraine
DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85173

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. YD.</u>	<u>FILL</u>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>3-18-86</u> EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORANE</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>955-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>[Signature]</u> Print Name <u>THOMAS M. KANORR</u>	Phone <u>955-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature <u>[Signature]</u> Print Name <u>L. OPAULE</u>	Date Received <u>3-18-86</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DAYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature <u>[Signature]</u> Print Name <u>HEMMETT GILLLOT</u>	Date <u>3-18-86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS174

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>N.H.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.H.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 CU. YD.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-18-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. M. KANON</u>		Print Name <u>THOMAS M. KANON</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Link Orange</u>		Print Name <u>LINK ORANGE</u>		Date Received <u>3-18-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>175 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Grillo</u>		Print Name <u>KENNETH GRILLO</u>		Date <u>3-18-86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85177

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. YD.	WOOD

MATERIAL DISPOSITION	
<input checked="" type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR	DATE SHIPPED <u>3-19-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____	PURCHASE ORDER _____
ADDRESS <u>3100 NEEDMORE RD.</u>	CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>

I hereby certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. M. Kanow Print Name THOMAS M. KANOW Phone 455-53108

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____

I hereby certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mike Orange Print Name MIKE ORANGE Date Received 3-19-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-9891</u>

I hereby certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grillo Print Name KENNETH GRILLO Date 3-19-86

RETURN TO GENERATOR	CANARY-TSPF COPY	PINK-TRANSPORTER COPY	GOLD-GENERATOR
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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85183

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION

☒ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR DATE SHIPPED 3-21-86 EPA IDENTIFICATION CODE NO. CHD0455577106
 COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
 ADDRESS 2100 NEEDMORE PURCHASE ORDER _____
 CITY DAYTON STATE OHIO ZIP 45429 PHONE 455-5345

I hereby certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KANICK Print Name THOMAS N. KANICK Phone 455-5345
 TRANSPORTER SAME EPA IDENTIFICATION NO. _____
 COMPANY STATE I.D. CODE _____
 ADDRESS JOB I.D. NO. _____
 CITY STATE ZIP PHONE _____

I hereby certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature M. J. MARTIN Print Name MEI MARTIN Date Received 3-21-86
 TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____
 COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
 ADDRESS 1975 DRYDEN RD. JOB NO. _____
 CITY DAYTON STATE OHIO ZIP 45439 PHONE 294-8891

I hereby certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature KENNETH GRIFFLOT Print Name KENNETH GRIFFLOT Date 3-21-86



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05185

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____
ADDITIONAL INFORMATION:	

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>3-22-86</u> EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>T. N. Kaniore</u> Print Name <u>THOMAS N. KANIORE</u>	Phone <u>455-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature <u>M. L. Martin</u> Print Name <u>MIKE MARTIN</u>	Date Received <u>3-22-86</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature <u>Kenneth GRILLOT</u> Print Name <u>KENNETH GRILLOT</u>	Date <u>3-22-86</u>

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05187

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N/A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N/A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-24-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557166</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KAUFER</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MIKE MARTINI</u>		Date Received <u>3-24-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>294-8801</u>	
To certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name <u>MELANETH GRILLOT</u>		Date <u>3-27-86</u>	

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 05137

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		2	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-25-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANON</u>		Print Name <u>THOMAS N. KANON</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
To certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>3-25-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
To certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Moneth G. RILLOT</u>		Print Name <u>MONETH G. RILLOT</u>	Date <u>3-25-86</u>	

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 55197

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N/A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N/A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. YD.</u>	<u>FILL</u>

MATERIAL DISPOSITION	
<input checked="" type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>3-26-86</u> EPA IDENTIFICATION CODE NO. <u>OH D045557766</u>
COMPANY NAME <u>DELCO MORAINIE</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>T. N. KANON</u>	Print Name <u>THOMAS N. KANON</u> Phone <u>455-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____

Signature M. L. Martin Print Name MEL MARTIN Date Received 3-26-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRIDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-8091</u>

Signature _____ Print Name _____ Date 3/26/86



ENVIRONMENTAL MANIFEST

NO. 85193☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N/A</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N/A</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-26-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0 095557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KARIOR</u>		Print Name <u>THOMAS N. KARIOR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>3-26-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth GRILLO</u>		Print Name <u>KENNETH GRILLO</u>	Date <u>3-26-86</u>	

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS195

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

IN CASE OF EMERGENCY, NOTIFY: N.A.

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	FILL

MATERIAL DISPOSITION

☒ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 3-27-86 EPA IDENTIFICATION CODE NO. OHDO45557766
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

I hereby certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. Kanork Print Name THOMAS N. KANORK Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

I hereby certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 3-27-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRUDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8891

I hereby certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grillo Print Name KENNETH GRILLOT Date 3-27-86

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05197

EMERGENCY INFORMATION			SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____ N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-27-86</u>		EPA IDENTIFICATION CODE NO. <u>OH00455577610</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 NEEDMORE RD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
I hereby certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KANORR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		JOB I.D. NO. _____		ZIP _____ PHONE _____	
ADDRESS _____		STATE _____		ZIP _____ PHONE _____	
I hereby certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MIC MARTIN</u>		Date Received <u>3-27-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>		JOB NO. _____		ZIP <u>45439</u> PHONE <u>294-8091</u>	
ADDRESS <u>1975 DRYDEN RD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>294-8091</u>	
I hereby certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name <u>KEVIN J. GRILLIOT</u>		Date <u>3-27-86</u>	

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05198

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

N.A.

IN CASE OF EMERGENCY, NOTIFY: N.A.

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL
INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 4-1-86 EPA IDENTIFICATION CODE NO. OH0 045557766
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

I hereby certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. Kanork Print Name THOMAS N. KANORK Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

I hereby certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 4-1-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8391

I hereby certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grillo Print Name KENNETH GRILLOT Date 4-1-86

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS199

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

IN CASE OF EMERGENCY, NOTIFY: N.A.

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	FILL

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 4-1-86 EPA IDENTIFICATION CODE NO. OHDO4555776
COMPANY NAME DELCO MORAINIE STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

I hereby certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. KANORR Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY NAME SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

I hereby certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 4-1-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY NAME SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1475 DRIVEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8391

I hereby certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH GILL Date 4-1-86

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS703

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>FILL</u>	
MATERIAL DISPOSITION					
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-7-86</u>		EPA IDENTIFICATION CODE NO. <u>OH00455577610</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
I hereby certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KALDER</u>		Print Name <u>THOMAS N. KALDER</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY <u>Dayton</u>		STATE _____		ZIP _____ PHONE _____	
I hereby certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name <u>MIKE MARTIN</u>		Date Received <u>4-7-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOLIDITY DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
I hereby certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth Grillo</u>		Print Name <u>KENNETH GRILLO</u>		Date <u>4-7-86</u>	

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 35206

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

IN CASE OF EMERGENCY, NOTIFY: N.A.

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL
INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 4-3-86 EPA IDENTIFICATION CODE NO. _____
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5361

I hereby certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. FANON Print Name THOMAS N. FANON Phone 455-5361

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

I hereby certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature MEL MARTIN Print Name MEL MARTIN Date Received 4-3-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 294-8391

I hereby certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth GRILLO Print Name KENNETH GRILLO Date 7-3-86

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS209

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY:	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>FILL</u>

MATERIAL DISPOSITION	
<input checked="" type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION
<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____
ADDITIONAL INFORMATION:	

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>4-4-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDD05557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>
I certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>T. N. Kanorr</u>	Print Name <u>THOMAS N. KANORR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>		STATE I.D. CODE _____	
ADDRESS _____		JOB I.D. NO. _____	
CITY _____	STATE _____	ZIP _____	PHONE _____

I certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>M. Martin</u>	Print Name <u>MEL MARTIN</u>	Date Received <u>4-4-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____	
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-3991</u>
I certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>KEVIN GRILL</u>	Print Name <u>KEVIN GRILL</u>	Date <u>4-4-86</u>	

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

NO. 05211

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

N.A.

IN CASE OF EMERGENCY, NOTIFY: N.A.

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. YD.</u>	<u>WOOD</u>

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR DATE SHIPPED 4-5-86 EPA IDENTIFICATION CODE NO. OH0045557766
COMPANY NAME DELCO MORAINÉ STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

I certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KANON Print Name THOMAS N. KANON Phone 455-5365

TRANSPORTER COMPANY SAME EPA IDENTIFICATION NO. _____
ADDRESS _____ STATE I.D. CODE _____
CITY _____ STATE _____ ZIP _____ PHONE _____

I certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 4-5-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
CITY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 244-8841

I certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth E. Grillo Print Name KENNETH E. GRILLO Date 4-5-86

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BSZ17

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

N.H.

IN CASE OF EMERGENCY, NOTIFY:

N.H.

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

DOT SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<i>1</i>	<i>15 Cu. Yd.</i>	<i>Fill</i>

MATERIAL DISPOSITION

☒ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 4-8-86 EPA IDENTIFICATION CODE NO. OHDO45557766
COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

I certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS H. KANICK Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
STATE _____ ZIP _____ PHONE _____

I certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 4-8-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
DAYTON STATE OHIO ZIP 45439 PHONE 299-8891

I certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH GRILLOT Date 4-8-86

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85223

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. YD.	FILL

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 4-10-86 EPA IDENTIFICATION CODE NO. OHDO45557766
COMPANY NAME DELCO MORAINIE STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

I hereby certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KAUOR Print Name THOMAS N. KAUOR Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

I hereby certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature M. J. Martin Print Name MEL MARTIN Date Received 4-10-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8901

I hereby certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth GRILLOT Print Name KENNETH GRILLOT Date 4-16-86

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS2226

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center; font-size: 1.5em;">N.A.</div>				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center; font-size: 1.5em;">N.A.</div>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	Fill	
MATERIAL DISPOSITION					
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-11-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KAYOR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>4-11-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>290-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name <u>KENNETH GRILLOT</u>		Date <u>4-11-86</u>	

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 25223

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N/A</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N/A</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>5600</u>

MATERIAL DISPOSITION	
<input checked="" type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>4-12-86</u> EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORAINIE</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>

I certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS H. KALORE Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____

I certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 4-12-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-8891</u>

I certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature KENNETH GRILLOT Print Name KENNETH GRILLOT Date 4-12-86



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85234

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION	
<input checked="" type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>4-15-86</u> EPA IDENTIFICATION CODE NO. <u>OHID04SS57766</u>
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45429</u> PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>T. N. Kanore</u>	Print Name <u>THOMAS N. KANORE</u> Phone <u>455-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature <u>Mel Martin</u>	Print Name <u>MEL MARTIN</u>	Date Received <u>4-15-86</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____	
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____	
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-8891</u>	
To certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.		
Signature <u>Kenneth Grillo</u>	Print Name <u>KENNETH GRILLOT</u>	Date <u>4-15-86</u>



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85238

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION	
<input checked="" type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____
ADDITIONAL INFORMATION:	

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>4-16-86</u> EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>T. N. Kanor</u>	Print Name <u>THOMAS N. KANOR</u> Phone <u>455-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature <u>Mel Martin</u>	Print Name <u>MEL MARTIN</u> Date Received <u>4-16-86</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DAYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature <u>Kenneth Grillo</u>	Print Name <u>KENNETH GRILLO</u> Date <u>4-16-86</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS2411

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>40 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>4-17-86</u> EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature J. M. Kanover Print Name THOMAS N. KANOVER Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO.
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature M. J. Martin Print Name MEC MARTIN Date Received 4-17-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO.
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1475 DEVDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-3391</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth GRILLOT Print Name Kenneth GRILLOT Date 4-17-86



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 95244

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

IN CASE OF EMERGENCY, NOTIFY: N/A

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd	Fill

MATERIAL DISPOSITION

☒ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION: 18

CERTIFICATION

GENERATOR DATE SHIPPED 4-18-86 EPA IDENTIFICATION CODE NO. OHIO 045557766
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45429 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KANON Print Name THOMAS N. KANON Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature M. Martin Print Name MEL MARTIN Date Received 4-18-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-0891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grillo Print Name KENNETH GRILLO Date 4-18-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

NO. 35245

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD FILL

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 4-18-86 EPA IDENTIFICATION CODE NO. OHDC045557766
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 WREEMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45474 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. M. Kauer Print Name THOMAS M. KAUER Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature M. J. Martin Print Name MICHAEL MARTIN Date Received 4-18-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-9591

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature HELENETH GRILLOT Print Name HELENETH GRILLOT Date 4-18-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5247

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>FILL</u>

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR DELCO MORAIN DATE SHIPPED 4-19-86 EPA IDENTIFICATION CODE NO. OH0 045557766
COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
ADDRESS 2100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature J. N. KANOW Print Name THOMAS N. KANOW Phone 455-5365

TRANSPORTER SAME EPA IDENTIFICATION NO. _____
COMPANY _____ STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature M. J. Martin Print Name MEL MARTIN Date Received 4-19-86

TREATMENT/DISPOSAL FACILITY SOUTH DAYTON DUMP EPA IDENTIFICATION CODE NO. _____
COMPANY _____ STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-6891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth CR LLOYD Print Name KENNETH LLOYD Date 4-19-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5248

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Gal. Yd.	WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>4-19-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>T. M. Kanork</u>	Print Name <u>THOMAS M. KANORK</u>	Phone <u>455-5365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>Mel Martin</u>	Print Name <u>MEL MARTIN</u>	Date Received <u>4-19-86</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>Kenneth Grillo</u>	Print Name <u>KENNETH GRILLO</u>	Date <u>4-19-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85259

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

N.A.

IN CASE OF EMERGENCY, NOTIFY: *N.H.*

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<i>1</i>	<i>15 Cu. Yd.</i>	<i>WOOD</i>

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 4-22-86 EPA IDENTIFICATION CODE NO. OH045557766
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. KAKORR Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 4-22-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DAYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8391

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name [Signature] Date 4/22/86

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **B5Z56**

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

N/A

IN CASE OF EMERGENCY, NOTIFY:

N/A

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 4-23-86 EPA IDENTIFICATION CODE NO. 0HD045557766
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5315

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KANOR Print Name THOMAS N. KANOR Phone 455-5315

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature MEL MARTIN Print Name MEL MARTIN Date Received 4-23-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-3991

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth CRILLOT Print Name KENNETH CRILLOT Date 4-23-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

NO. BS261

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. YD.</u>	<u>WOOD</u>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>7-25-86</u> EPA IDENTIFICATION CODE NO. <u>04DD045557766</u>
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>[Signature]</u> Print Name <u>THOMAS N. KANOR</u>	Phone <u>455-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature <u>[Signature]</u> Print Name <u>MEL MARTIN</u>	Date Received <u>7-25-86</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DAYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>294-8691</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature <u>[Signature]</u> Print Name <u>KENNETH J. COLLINS</u>	Date <u>7-25-86</u>

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85263

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		2	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-26-86</u>	EPA IDENTIFICATION CODE NO. <u>45557761</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>2000 NEEDHAM RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANICK</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MARYLIN</u>	Date Received <u>2-26-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DRYDEN</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>294-6800</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH E. BRILLOT</u>	Date <u>2-26-86</u>	



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5267

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. YD.	WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR	DATE SHIPPED <u>4-28-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORAINIE</u>	STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KANORR Print Name THOMAS N. KANORR Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature MEL MARTIN Print Name MEL MARTIN Date Received 4-28-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	ZIP <u>45439</u> PHONE <u>299-6391</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature RENIE THERIAULT Print Name RENIE THERIAULT Date 4-28-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 35269

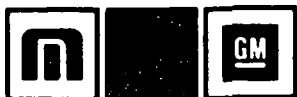
EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>4-29-86</u>	EPA IDENTIFICATION CODE NO. <u>OH1D0955577616</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>THOMAS A. KANDER</u>	Phone <u>455-5365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>MEL MARTIN</u>	Date Received <u>4-29-86</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45434</u>	PHONE <u>299-3991</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>	Print Name <u>KEVIN G. GRIFFIN</u>	Date <u>4-29-86</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5274

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-1-86</u>		EPA IDENTIFICATION CODE NO. <u>0440045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NICE-MORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>5-1-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1475 DRYDEN</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45429</u> PHONE <u>294-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>5/1/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS2778

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-2-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDCASS57766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. M. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>5-2-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-9931</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Grillo</u>		Print Name <u>KENNETH GRILLO</u>	Date <u>5-2-86</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. **05292**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		2	15 Cu. Yd	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-3-86</u>	EPA IDENTIFICATION CODE NO. <u>OH10045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name <u>MEL MARTIN</u>	Date Received <u>5-3-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>175 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45438</u>	PHONE <u>294-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Donald G. Miller</u>		Print Name _____	Date <u>5/3/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS287

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-6-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO95557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanore</u>		Print Name <u>THOMAS N. KANORE</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>5-6-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Crillot</u>		Print Name <u>KENNETH CRILLOT</u>	Date <u>5-6-86</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. B 82812

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NA</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>NA</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu yd</u>	<u>Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-1-86</u>		EPA IDENTIFICATION CODE NO. <u>4555365</u>
COMPANY NAME <u>Delco Moraine</u>				STATE I.D. NO. _____
ADDRESS <u>9100 Delco Drive Rd</u>				PURCHASE ORDER _____
CITY <u>Warren</u>	STATE <u>MI</u>	ZIP <u>48090</u>	PHONE <u>455 5165</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Steve E. Williams</u>		Phone <u>455 5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SA</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Western Disposal</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 Dryden Rd</u>		JOB NO. _____		
CITY <u>Wayne</u>	STATE <u>MI</u>	ZIP <u>48094</u>	PHONE <u>299 8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KEVINETH WILLIOT</u>		Date <u>5-1-86</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 135291

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 50 50	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-8-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>R.D. Willis</u>		Print Name <u>R.D. Willis</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Neil Martin</u>		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD</u>		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth C. GARDNER</u>		Print Name <u>KENNETH GARDNER</u>		Date <u>5-8-86</u>

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 05294

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	5 cu yd	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-9-86</u>		EPA IDENTIFICATION CODE NO. <u>04D04355 7766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>A.D. Willis</u>		Print Name <u>A.D. Willis</u>		Phone <u>455-5365</u>	
TRANSPORTER				EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>M.D. Mante</u>		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SIXTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS <u>1975 BRYDEN RD.</u>				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45429</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth CROOT</u>		Print Name <u>KENNETH CROOT</u>		Date <u>5-9-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 15376

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		2	15 cu. yd	Waste	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED _____		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY _____		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY _____		ADDRESS _____		JOB NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 25304

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.H.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.H.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-14-86</u>		EPA IDENTIFICATION CODE NO. <u>0HDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KAUORE</u>		Print Name <u>THOMAS N. KAUORE</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>M. Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>5-14-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth Grillo</u>		Print Name <u>KENNETH GRILLO</u>		Date <u>5-14-86</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85307

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-15-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KANER</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAHLE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MIKE MARTIN</u>		Date Received <u>5-15-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KEVIN THOMAS C. RILLOT</u>		Date <u>5-15-86</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS310

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-16-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAINIE</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANOK</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>5-16-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8697</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANOK</u>		Date <u>5-16-86</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 85312

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-17-86</u>		EPA IDENTIFICATION CODE NO. <u>0HD095557766</u>
COMPANY NAME <u>DELCO MORAINIE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 ALEXANDER RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KALOR</u>		Print Name <u>THOMAS N. KALOR</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martini</u>		Print Name <u>MEL MARTINI</u>		Date Received <u>5-17-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-9891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth C. R. L. L. O. P.</u>		Print Name <u>KENNETH C. R. L. O. P.</u>		Date <u>5-17-86</u>

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine
DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85313

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-19-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAINIE</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KANICK</u>		Print Name <u>THOMAS N. KANICK</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>5-19-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRIDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth C. Elliot</u>		Print Name <u>KENNETH C. ELLIOT</u>		Date <u>5-19-86</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05316

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-20-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. Kanork</u>		Print Name <u>THOMAS N. KANORK</u>		Phone <u>455-5365</u>	
TRANSPORTER - <u>SAME</u>				EPA IDENTIFICATION NO. _____	
COMPANY _____				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>5-20-86</u>	
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS <u>1975 DRYDEN RD.</u>				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>REXINEETHA GRILLLOT</u>		Print Name <u>REXINEETHA GRILLLOT</u>		Date <u>5-20-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine
DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85322

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.H.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.H.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>21</u>	<u>15 Cu. YD.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-22-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>955-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>	Phone <u>955-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered. 1				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>5-22-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth C. PILLOT</u>		Print Name <u>KENNETH C. PILLOT</u>	Date <u>5-22-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05325

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. YD.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-23-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDC05557766</u>	
COMPANY NAME <u>DELCO MORAINÉ</u>		STATE I.D. NO. _____			
ADDRESS <u>3100 WERDMORE RD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS H. KANDOR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MICHAEL MARTIN</u>		Date Received <u>5-23-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45434</u>	PHONE <u>294-8941</u>		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name <u>KEVIN C. RILLOT</u>		Date <u>5-23-86</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85328

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. TRACTOR NO.	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-27-86</u>		EPA IDENTIFICATION CODE NO. <u>OH00955577106</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KANOR</u>		Phone <u>455-5365</u>	
TRANSPORTER				EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>5-27-86</u>	
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS <u>1975 DAVIDEN RD.</u>				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8391</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth C. RILLOT</u>		Print Name <u>KENNETH C. RILLOT</u>		Date <u>5-27-86</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85332

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-29-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDHAM RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. M. KAWORE</u>		Print Name <u>THOMAS M. KAWORE</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>M. L. MARTIN</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>5-29-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1465 S. DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8691</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth C. Lott</u>		Print Name <u>KENNETH C. LOTT</u>	Date <u>5-29-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. B 5335

EMERGENCY INFORMATION			SCALE INFORMATION																															
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>																															
IN CASE OF EMERGENCY, NOTIFY: _____																																		
<p style="text-align: center;">SHIPPING INFORMATION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>D.O.T. SHIPPING DESCRIPTION</th> <th>HAZARD CLASS</th> <th>QUANTITY</th> <th>CONTAINER TYPE</th> <th>MATERIAL DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: center;">1</td> <td style="text-align: center;">15 Cu yd</td> <td style="text-align: center;">Wood</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			1	15 Cu yd	Wood																				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION																														
		1	15 Cu yd	Wood																														
MATERIAL DISPOSITION																																		
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____																																		
ADDITIONAL INFORMATION: _____																																		
CERTIFICATION																																		
GENERATOR		DATE SHIPPED <u>5-30-86</u>		EPA IDENTIFICATION CODE NO. <u>OH D 645557766</u>																														
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____																														
ADDRESS <u>3100 Needmore Rd</u>		CITY <u>Dayton</u> STATE <u>OHIO</u> ZIP <u>45424</u> PHONE <u>455-5365</u>																																
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>																																		
Signature <u>JCW mld</u>		Print Name <u>JACK C WOMBOLD</u>		Phone <u>455-5365</u>																														
TRANSPORTER		EPA IDENTIFICATION NO. _____																																
COMPANY _____		STATE I.D. CODE _____																																
ADDRESS _____		JOB I.D. NO. _____																																
CITY _____		STATE _____ ZIP _____ PHONE _____																																
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>																																		
Signature <u>Mal Martin</u>		Print Name _____		Date Received _____																														
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____																																
COMPANY <u>South Dayton Dumps</u>		STATE I.D. NO. _____																																
ADDRESS <u>1965 S Dryden Rd</u>		JOB NO. _____																																
CITY <u>Dayton</u>		STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>299 8891</u>																																
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>																																		
Signature <u>Kenneth C. C. C. C.</u>		Print Name <u>KENNETH C. C. C.</u>		Date <u>5-30-86</u>																														

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. B5338

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NA				
IN CASE OF EMERGENCY, NOTIFY: <u>NA</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 cu yd	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-31-86</u>		EPA IDENTIFICATION CODE NO. <u>OH D001555776</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455 5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAN M. MILLIN</u>		Phone <u>455 5310</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>same</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>19655 DAYTON</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299 8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH L. PILLOT</u>		Date <u>5-31-86</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS3710

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		7	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-2-86</u>		EPA IDENTIFICATION CODE NO. <u>04D 04552766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KAUFER</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>6-2-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1475 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-9341</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name <u>KENNETH C. LLOYD</u>		Date <u>6-2-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00343

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
			5 55 gal	11500	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-3-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDCASST766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>J. N. KANON</u>		Print Name <u>THOMAS N. KANON</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>M. J. Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>6-3-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>244-8691</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>KENNETH C. PILLOT</u>		Print Name <u>KENNETH C. PILLOT</u>		Date <u>6-3-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85346

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <u>N.H.</u> IN CASE OF EMERGENCY, NOTIFY: <u>N.H.</u>				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-4-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. M. KANOV</u>		Print Name <u>THOMAS M. KANOV</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>6-4-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1475 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth C. LLOYD</u>		Print Name <u>KENNETH C. LLOYD</u>		Date <u>6-3-86</u>	

**Delco Moraine**

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. **25349**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu Yd	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-5-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDCASS57766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAWYER</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mal Martin</u>		Print Name <u>MAL MARTIN</u>	Date Received <u>6-5-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-9891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date <u>6/5/86</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85351

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center; font-size: 1.2em;">N.A.</p>				
<p style="text-align: center; font-size: 1.2em;">N.A.</p>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-6-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDC45557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>				
Signature <u>T. M. KANON</u>		Print Name <u>THOMAS M. KANON</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>				
Signature <u>Mel Martu</u>		Print Name <u>MEL MARTU</u>		Date Received <u>6-6-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-8891</u>	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>				
Signature _____		Print Name _____		Date <u>6/4/86</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5354

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-7-86</u>	EPA IDENTIFICATION CODE NO. <u>OND04557744</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>5100 NEEDHAM RD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45420</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANICK</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>6-7-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8091</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date <u>6/7/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 55356

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center; font-size: 2em;">N/A</div>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center; font-size: 2em;">N/A</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	25 Gals	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-9-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANOR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>PAUL MARTIN</u>	Date Received <u>6-9-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>209-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KEVIN T. HILL</u>	Date <u>6-5-86</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85358

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>FILL</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-10-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T.N. KANORE</u>		Print Name <u>THOMAS N. KANORE</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>6-10-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth C. LLOTT</u>		Print Name <u>KENNETH C. LLOTT</u>	Date <u>6/10/86</u>	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 053611

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-11-86</u>	EPA IDENTIFICATION CODE NO. <u>OH00455577016</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>955-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KAWORK</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>6-11-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>200-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Crillet</u>		Print Name <u>KENNETH CRILLET</u>	Date <u>6-11-86</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 35365

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	20 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-13-86</u>		EPA IDENTIFICATION CODE NO. <u>042045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>955-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. I. KANORR</u>		Print Name <u>THOMAS I. KANORR</u>		Phone <u>955-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>6-13-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>RTS DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>294-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth CRILLOT</u>		Print Name <u>KENNETH CRILLOT</u>		Date <u>6-13-86</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05365

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	20 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-14-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KANORE</u>		Print Name <u>THOMAS N. KANORE</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>6-14-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>6/14/86</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 55571

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	20 Cu. Yd.	WASTE
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-16-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. SAWYER</u>		Print Name <u>THOMAS N. SAWYER</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mike Martin</u>		Print Name <u>MIKE MARTIN</u>	Date Received <u>6-16-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-9891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date <u>6/14/86</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05374

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
N/A				
IN CASE OF EMERGENCY, NOTIFY: _____				
N/A				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	20 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-17-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORIAIE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANORR</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>6-17-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8391</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>6/17/86</u>

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. DS379

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	20 Cu. Yds.	Waste	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-19-86</u>		EPA IDENTIFICATION CODE NO. <u>OH00955577610</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>955-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>J. N. KANON</u>		Print Name <u>THOMAS N. KANON</u>		Phone <u>955-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>6-19-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth R. Lillo</u>		Print Name <u>KENNETH R. LILLO</u>		Date <u>6-19-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 85389

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center; font-size: 2em;">NA</p>					
<p>IN CASE OF EMERGENCY, NOTIFY: _____</p>					
<p style="text-align: center; font-size: 2em;">NA</p>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	20 Cu yd	Wood	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-2-89</u>		EPA IDENTIFICATION CODE NO. <u>221109-572</u>	
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1775 Dryden Rd</u>		CITY <u>Dayton</u>		STATE <u>Ohio</u> ZIP <u>45439</u> PHONE <u>294-8941</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>Mark A. Smith</u>		Phone <u>294-8941</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Smith Dayton Pump</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>Mark A. Smith</u>		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Smith Dayton Pump</u>		STATE I.D. NO. _____			
ADDRESS <u>1775 Dryden Rd</u>		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>Ohio</u> ZIP <u>45439</u> PHONE <u>294-8941</u>			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name <u>Mark A. Smith</u>		Date <u>6-2-89</u>	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85389

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>N.A.</i>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<i>N.A.</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	20 Cu. Yd.	WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>5-29-86</u>	EPA IDENTIFICATION CODE NO. <u>OH00455776</u>	
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____		
ADDRESS <u>5100 HIRSHMORE RD</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>955-2362</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>THOMAS H. LAVERN</u>	Phone <u>955-2362</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>LEE MARTIN</u>	Date Received <u>6-2-86</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45434</u>	PHONE <u>299-8901</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>	Print Name <u>KEVIN T. GRILLOT</u>	Date <u>6-24-86</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 75392

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>6-25-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDD0000000000</u>		
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDHAM RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. M. Kanner Print Name THOMAS M. KANNER Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Paul Martin Print Name PAUL MARTIN Date Received 6-25-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOLIDITY DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DAYTON RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>299-8901</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth R. Grillo Print Name KENNETH R. GRILLO Date 6-25-86



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **BS395**

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>N.H.</i>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<i>N.H.</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	20 Cu. Yd.	WOOD

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>6-26-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDD045557766</u>		
COMPANY NAME <u>DELCO MORAINÉ</u>	STATE I.D. NO. _____			
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. RANOW Print Name THOMAS N. RANOW Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 6-26-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DAYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>299-8891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date 6/27/86



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85400

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>20 GL. YD.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-28-86</u>		EPA IDENTIFICATION CODE NO. <u>GLD04557706</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45474</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS H. KAVOAR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MEI MARINI</u>		Date Received <u>6-28-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45434</u> PHONE <u>290-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name <u>Kenneth C. R. Hott</u>		Date <u>6-28-86</u>	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85403

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	20 Cu. Yd.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 6-30-86 EPA IDENTIFICATION CODE NO. OH0045557760
 COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
 ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
 CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KANOR Print Name THOMAS N. KANOR Phone 455-5365
 TRANSPORTER EPA IDENTIFICATION NO. _____
 COMPANY SAME STATE I.D. CODE _____
 ADDRESS _____ JOB I.D. NO. _____
 CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature MEL MARTIN Print Name MEL MARTIN Date Received 6-30-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
 COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
 ADDRESS 1975 DRYDEN RD. JOB NO. _____
 CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date 6-30-86

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS405

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	20 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-1-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORAINIE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANON</u>		Print Name <u>THOMAS N. KANON</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Link Orange</u>		Print Name <u>LINK ORANGE</u>		Date Received <u>7-1-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5408

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>20 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-2-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557166</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS L. KALORR</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>7-2-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>7-2-86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS4117

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>20 Cu. YD.</u>	<u>WOOD</u>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>7-3-86</u> EPA IDENTIFICATION CODE NO. <u>04D045557766</u>
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>T. N. KANOR</u>	Print Name <u>THOMAS N. KANOR</u> Phone <u>455-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature <u>MEL MARTIN</u>	Print Name <u>MEL MARTIN</u> Date Received <u>7-3-86</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>898-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date <u>7/3/86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS414

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	20 Cu. Yd.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR	DATE SHIPPED <u>7-7-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORAINIE</u>	STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KAVOREN Print Name THOMAS N. KAVOREN Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature M. J. Martini Print Name MIKE MARTINI Date Received 7-7-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-9891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date 7/7/86



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B54116

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>20 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-8-86</u>	EPA IDENTIFICATION CODE NO. <u>OH004557766</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>3100 RIBEDMORE RD.</u>	CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45429</u> PHONE <u>455-5365</u>		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>THOMAS A. LANCER</u>	Phone <u>455-5365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____
COMPANY <u>SAME</u>	JOB I.D. NO. _____		
ADDRESS _____	CITY _____ STATE _____ ZIP _____ PHONE _____		

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>MEC MARTIN</u>	Date Received <u>7-8-86</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8991</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date <u>7/8/86</u>	

WHITE RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **BS419**

EMERGENCY INFORMATION				SCALE INFORMATION					
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center; font-size: 1.5em;">N.A.</div>				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____					
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center; font-size: 1.5em;">N.A.</div>									
SHIPPING INFORMATION									
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION					
		1	20 Cu. Yd.	WOOD					
MATERIAL DISPOSITION									
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____									
ADDITIONAL INFORMATION:									
CERTIFICATION									
GENERATOR		DATE SHIPPED <u>7-9-86</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 045557766</u>					
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____					
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____					
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>					
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.									
Signature <u>T. N. Kanow</u>		Print Name <u>THOMAS N. KANOW</u>		Phone <u>455-5365</u>					
TRANSPORTER		EPA IDENTIFICATION NO. _____							
COMPANY <u>SAME</u>		STATE I.D. CODE _____							
ADDRESS _____		JOB I.D. NO. _____							
CITY _____		STATE _____		ZIP _____ PHONE _____					
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.									
Signature <u>Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>7-9-86</u>					
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____							
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____							
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____							
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>					
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.									
Signature <u>KENNIE GRILLOT</u>		Print Name <u>KENNIE GRILLOT</u>		Date <u>7-9-86</u>					



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS427

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>7-10-86</u> EPA IDENTIFICATION CODE NO. <u>OH D045557766</u>
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>T. N. KANORR</u>	Print Name <u>THOMAS N. KANORR</u> Phone <u>455-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature <u>MEL</u>	Print Name <u>MEL MARTIN</u> Date Received <u>7-10-86</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date <u>7/10/86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05425

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR DATE SHIPPED 7-11-86 EPA IDENTIFICATION CODE NO. 240045557766
 COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
 ADDRESS 300 NEEDMORE RD. PURCHASE ORDER _____
 CITY DAYTON STATE OHIO ZIP 45424 PHONE 455-5315
 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.
 Signature T. M. KANON Print Name THOMAS M. KANON Phone 455-5365

TRANSPORTER EPA IDENTIFICATION NO. _____
 COMPANY SAME STATE I.D. CODE _____
 ADDRESS _____ JOB I.D. NO. _____
 CITY _____ STATE _____ ZIP _____ PHONE _____
 This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.
 Signature Mel Martin Print Name MEL MARTIN Date Received 7-11-86

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
 COMPANY SOLOTT DAYTON DUMP STATE I.D. NO. _____
 ADDRESS 1975 DRYDEN RD. JOB NO. _____
 CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-0391
 This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.
 Signature Kenneth G. KENNETT Print Name KENNETH G. KENNETT Date 7-11-86



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85428

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION
<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-12-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. FAUCER Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 7-12-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>299-8991</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH GRILLOT Date 7-12-86

WHITE-RETURN TO GENERATOR	CANARY-TSPF COPY	PINK-TRANSPORTER COPY	GOLD-GENERATOR
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Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5431

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>7-14-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDD0455577166</u>		
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. KALORE Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MICHAEL MARTIN Date Received 7-14-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>299-8891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name GERALD CRILLOT Date 7-14-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05437

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION
<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>7-15-86</u>
COMPANY NAME <u>DELCO MORAIN</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
ADDRESS <u>3100 NEEDMORE RD.</u>	STATE I.D. NO. _____
CITY <u>DAYTON</u>	PURCHASE ORDER _____
STATE <u>OHIO</u>	ZIP <u>45424</u>
PHONE <u>455-5365</u>	

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KANON Print Name THOMAS N. KANON Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	ZIP _____
STATE _____	PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature MEL Print Name MEL MARTIN Date Received 7-15-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	ZIP <u>45439</u>
STATE <u>OHIO</u>	PHONE <u>299-8891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth C. KILLLOT Print Name KILLLOT CARL LOR Date 7-15-86



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 15430

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N/A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N/A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>7-16-86</u>	EPA IDENTIFICATION CODE NO. <u>OH00455577106</u>		
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____			
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOR</u>	Print Name <u>THOMAS N. KANOR</u>	Phone <u>455-5365</u>		
TRANSPORTER	EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>	STATE I.D. CODE _____			
ADDRESS _____	JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>M. Martin</u>	Print Name <u>MEL MARTIN</u>	Date Received <u>7-16-86</u>		
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>KENNETH CARLLOTT</u>	Print Name <u>KENNETH CARLLOTT</u>	Date <u>7/16/86</u>		



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05439

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-17-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>7-17-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Benneth G. Williams</u>		Print Name <u>Benneth G. Williams</u>	Date <u>7/17/86</u>	

RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 35492

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. YD.</u>	<u>WOOD</u>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>7-14-86</u> EPA IDENTIFICATION CODE NO. <u>04D0455571410</u>
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDHAM RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS A. KAUFER Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAIME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE <u>I</u>	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 7-19-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1075 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>899-8891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for our records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name Kenneth Conliffe Date 7-19-86

WHITE-RETURN TO GENERATOR	CANARY-TSPF COPY	PINK-TRANSPORTER COPY	GOLD-GENERATOR
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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 35475

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>20 CU. YD.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-21-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KANON</u>		Print Name <u>THOMAS N. KANON</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>7-21-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 IRVING RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45429</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth E. RILLOT</u>		Print Name <u>KENNETH GRILLOT</u>		Date <u>7-21-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 35448

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	10 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-22-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557760</u>	
COMPANY NAME <u>DELCO MORAINES</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KANORR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>7-22-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-8891</u>		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name _____		Date <u>7/22/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85450

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N/A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N/A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>7-23-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	STATE I.D. NO. _____	
COMPANY NAME <u>DELCO MORaine</u>		PURCHASE ORDER _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		ZIP <u>45424</u>	PHONE <u>455-5365</u>	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>			

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KAWORE Print Name THOMAS N. KAWORE Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 7-23-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	ZIP <u>45439</u> PHONE <u>290-8891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Martin Print Name _____ Date 7-23-86



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85459

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>20 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-29-86</u>	EPA IDENTIFICATION CODE NO. <u>04D 04557766</u>	
COMPANY NAME <u>DELCO MORAINÉ</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 AIRFORD RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KAMON</u>		Print Name <u>THOMAS N. KAMON</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>7-29-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth CRILLIOT</u>		Print Name <u>KENNETH CRILLIOT</u>	Date <u>7-29-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B57610

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N.A.	
IN CASE OF EMERGENCY, NOTIFY:	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	Fill

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-29-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45577610</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. KANICK Phone 455-5365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEI MARTIN Date Received 7-29-86

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45434</u> PHONE <u>298-8341</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date 7/28/86



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS462

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.H. WOOD RE</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. YD.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-30-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 ALERMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANORR</u>		Print Name <u>THOMAS N. KANORR</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>7-30-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>7/30/86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS767

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____
ADDITIONAL INFORMATION:			

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>8-1-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0095557766</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____	PURCHASE ORDER _____	
ADDRESS <u>3100 NEEDMORE RD.</u>	CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>T. M. Kanover</u>	Print Name <u>THOMAS M. KANOVER</u>	Phone <u>455-5365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____	STATE I.D. CODE _____	
COMPANY <u>SAITE</u>	JOB I.D. NO. _____	PHONE _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>Mike Martin</u>	Print Name <u>MIKE MARTIN</u>	Date Received <u>8-1-86</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____	STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>	JOB NO. _____	PHONE _____	
ADDRESS <u>1975 DRYDEN RD.</u>	CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45434</u> PHONE <u>294-8991</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date <u>8-1-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine
DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5469

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-4-86</u>	EPA IDENTIFICATION CODE NO. <u>04D045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KARIOR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MARK ORANGE</u>	Date Received <u>8-4-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAVEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299 8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85472

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>8-5-86</u> EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>[Signature]</u>	Print Name <u>THOMAS N. KANOR</u> Phone <u>455-5365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature <u>[Signature]</u>	Print Name <u>K. ORANGE</u> Date Received <u>8-5-86</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. ES478

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-7-86</u>		EPA IDENTIFICATION CODE NO. <u>OH004557766</u>	
COMPANY NAME <u>DELCO MORAINIE</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 WERNMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KILGON</u>		Print Name <u>THOMAS N. KILGON</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>L. ORANGE</u>		Print Name <u>L. ORANGE</u>		Date Received <u>8-7-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45430</u> PHONE <u>299-8091</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 35481

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-8-86</u>	EPA IDENTIFICATION CODE NO. <u>OH2045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanork</u>		Print Name <u>THOMAS N. KANORK</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>L. Orange</u>		Print Name <u>L. ORANGE</u>	Date Received <u>8-8-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-9891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85483

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-9-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. Kalliole</u>		Print Name <u>THOMAS N. KALLIOLE</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>L. Orange</u>		Print Name <u>L. ORANGE</u>		Date Received <u>8-9-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-9091</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5484

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.H.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-9-86</u>		EPA IDENTIFICATION CODE NO. <u>OH D045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45429</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. M. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>B.K. ORANGE</u>		Date Received <u>8-9-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 135 986

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N. H.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N. H.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 cu yd</u>	<u>Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-11-86</u>	EPA IDENTIFICATION CODE NO. <u>641264 555 7761</u>	
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 Madison Rd</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE <u>455 5316</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Jack Wambold</u>	Phone <u>455 3365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>JA me</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>L. Wambold</u>	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Dump</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 Dryden Rd</u>		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 85495

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
1		1		Wood
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-15-86</u> EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>		
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 Needmore Rd</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u> STATE <u>Ohio</u>		ZIP <u>45424</u> PHONE <u>4555365</u>		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Jack Wambold</u> Phone <u>4555365</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____ STATE _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>L. ORANGE</u> Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Pump</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 Dugan Rd</u>		JOB NO. _____		
CITY <u>Dayton</u> STATE <u>Ohio</u>		ZIP _____ PHONE <u>2993891</u>		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____ Date _____		

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 85498

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NA</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>NA</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 yd</u>	<u>Wood</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-16-86</u>		EPA IDENTIFICATION CODE NO. <u>04D045557766</u>	
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 Hill More Rd</u>		CITY <u>Dayton</u>		STATE <u>Ohio</u> ZIP <u>45424</u> PHONE <u>455365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>Jack Lombardi</u>		Phone <u>455365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS <u>Dayton</u>		JOB I.D. NO. _____			
CITY _____		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>L. Orate</u>		Date Received <u>8-16-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>South Dayton Dump</u>		STATE I.D. NO. _____			
ADDRESS <u>1940 Dayton Rd</u>		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>Ohio</u> ZIP _____ PHONE <u>2993891</u>			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 85498

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N/A</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N/A</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>1540</u>	<u>WOOD</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify)	<u>OHDO45557766</u>

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR	DATE SHIPPED <u>8-18-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE</u>	PURCHASE ORDER _____	
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>455-5365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature _____ Print Name VB Dye Phone 455-5215

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Martin Print Name M Martin Date Received _____

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD</u>	JOB NO. _____
CITY <u>Dayton</u>	ZIP _____ PHONE <u>299-3891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth GRILLAT Print Name KENNETH GRILLAT Date 8-18-86

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5501

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
N/A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N/A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-19-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. N. KUMAR</u>		Print Name <u>THOMAS M. KUMAR</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>8-19-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8691</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>8/19/86</u>

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5504

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	FILL
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-20-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANON</u>		Print Name <u>THOMAS N. KANON</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>8-20-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1915 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth GRILLON</u>		Print Name <u>KENNETH GRILLON</u>		Date <u>8-20-86</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85506

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>Fill</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-21-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KIMMON</u>		Print Name <u>THOMAS N. KIMMON</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>8-21-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYTON RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-9891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>8/21/86</u>

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5508

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. YD.</u>	<u>WOOD</u>	
				<u>21</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-21-86</u>		EPA IDENTIFICATION CODE NO. <u>OH004555766</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. FANOR</u>		Print Name <u>THOMAS N. FANOR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>8-21-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>8/21/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5510

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-22-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____
ADDRESS <u>3100 NEEDHAM RD.</u>				PURCHASE ORDER _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanon</u>		Print Name <u>THOMAS N. KANON</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martini</u>		Print Name <u>MEL MARTINI</u>		Date Received <u>8-22-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>8/23/86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05512

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.H.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.H.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-23-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. Kanov</u>		Print Name <u>THOMAS N. KANOV</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>8-23-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>8/23/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 35515

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-25-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>8-25-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>KIRILL</u>		Print Name <u>KIRILL</u>		Date <u>8-25-86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5521

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-27-86</u>		EPA IDENTIFICATION CODE NO. <u>0HD 045557766</u>	
COMPANY NAME <u>DELCO MORAINIE</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45474</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>A. N. RAYMOND</u>		Print Name <u>THOMAS N. RAYMOND</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>8-27-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>8/27/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05523

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
20		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-28-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KILGORE</u>		Print Name <u>THOMAS N. KILGORE</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>8-28-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>290-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Keith S. Miller</u>		Print Name _____		Date <u>8/28/86</u>

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. B5528

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NA				
IN CASE OF EMERGENCY, NOTIFY: _____				
NA				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
VOID TR		1	15 cu yd	Wood
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-2-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 Needmore Rd</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J C Wombold</u>		Print Name <u>Jack Wombold</u>		Phone <u>4555365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Martin</u>		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Dump</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 Dryden Rd</u>		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 855319

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center; font-size: 2em;">NA</div>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center; font-size: 2em;">NA</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		2	15 cu yd	Wood
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-3-86</u>		EPA IDENTIFICATION CODE NO. <u>HDN45557766</u>
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 Needmore Rd</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP <u>45424</u>	PHONE <u>4555365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. P. Wombold</u>		Print Name <u>WACKENBOLD</u>		Phone <u>4555365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mark</u>		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Pump</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 Dryden Rd</u>		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>9/3/86</u>

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 85532

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center; font-size: 2em;">N.A.</div>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____				
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center; font-size: 2em;">N.A.</div>							
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
		1	15 Cu yd	Wood			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>9-4-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>			
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____					
ADDRESS <u>3100 Needmore Rd</u>		PURCHASE ORDER _____					
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP <u>45424</u>	PHONE <u>4555365</u>				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>JACK Wambold</u>		Phone <u>4555365</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>Same</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature <u>[Signature]</u>		Print Name _____		Date Received _____			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>South Dayton Dump</u>		STATE I.D. NO. _____					
ADDRESS <u>1925 Dayton Rd</u>		JOB NO. _____					
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature <u>[Signature]</u>		Print Name <u>KEC RILEY</u>		Date <u>9/10/86</u>			



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 35539

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align:center; font-size:2em;">NA</div>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<div style="text-align:center; font-size:2em;">NA</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		2	15 Cu yd	Wood
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-5-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 Needmore Rd</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP <u>45424</u>	PHONE <u>4555365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Jack Wombold</u>	Phone <u>4555365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Pump</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 Dryden Rd</u>		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date <u>9/5/86</u>	



ENVIRONMENTAL MANIFEST

NO. 85537

DM 2871 REV 11/80

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. TRACTOR NO.	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 cu yd</u>	<u>Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-6-86</u>	EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. <u>040645557766</u>		
ADDRESS <u>3100 Meadow Rd</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP <u>45424</u>	PHONE <u>455 5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Mark W. M. H.</u>	Phone <u>455 5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Pump</u>		STATE I.D. NO. _____		
ADDRESS <u>1925 Linden Rd</u>		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP <u>45424</u>	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85539

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR	DATE SHIPPED <u>9-8-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDD095557766</u>		
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 NEEDMORE RD.</u>	CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45424</u> PHONE <u>455-5365</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. N. KAMON</u>	Print Name <u>THOMAS N. KAMON</u>	Phone <u>455-5365</u>		
TRANSPORTER	EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>	STATE I.D. CODE _____			
ADDRESS _____	JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>M. J. Martin</u>	Print Name <u>MIKE MARTIN</u>	Date Received <u>9-8-86</u>		
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8391</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____	Print Name _____	Date <u>9/8/86</u>		



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5591

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-9-86</u>		EPA IDENTIFICATION CODE NO. <u>OH045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. Kanore</u>		Print Name <u>THOMAS N. KANORE</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>9-9-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DEYDELL RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth Grillet</u>		Print Name <u>Kenneth GRILLET</u>		Date <u>9-9-86</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85543

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____ 					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-10-86</u>		EPA IDENTIFICATION CODE NO. <u>OHD 045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KANOR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>9-10-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>9/10/86</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5549

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-12-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557706</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5385</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KANON</u>		Print Name <u>THOMAS N. KANON</u>		Phone <u>455-5385</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>9-12-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>9/12/86</u>	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85551

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-15-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORAINES</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>9-15-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>9/15/86</u>



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05554

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. TRACTOR NO.	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-16-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. Kanger</u>		Print Name <u>THOMAS N. KANGER</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>9-16-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Thomas N. Kanger</u>		Print Name <u>THOMAS N. KANGER</u>		Date <u>9-16-86</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5558

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-18-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. <u>9</u>		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. N. Kanow</u>		Print Name <u>THOMAS N. KANOW</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Link Orange</u>		Print Name <u>LINK ORANGE</u>	Date Received <u>9-18-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85567

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-19-86</u>		EPA IDENTIFICATION CODE NO. <u>OH045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>955-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. Kanore</u>		Print Name <u>THOMAS N. KANORE</u>		Phone <u>955-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>9-19-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Ken</u>		Print Name <u>Ken</u>		Date <u>9-19-86</u>	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **35583**

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>9-22-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		
ADDRESS <u>300 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>T.M. KAVORE</u>	Print Name <u>THOMAS M. KAVORE</u>	Phone <u>455-5365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>ALAN L. OBRIDGE</u>	Date Received <u>9-22-86</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 LAYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>290-8991</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5574

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-26-80</u>	EPA IDENTIFICATION CODE NO. <u>OHDO95557760</u>	
COMPANY NAME <u>DRIED MORAINES</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>9-26-80</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-9091</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenny Culler</u>		Print Name _____	Date <u>9/26/80</u>	



ENVIRONMENTAL MANIFEST

NO. 85578☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-30-86</u>		EPA IDENTIFICATION CODE NO. <u>OHD 045557766</u>	
COMPANY NAME <u>DELCO MORAINIE</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45474</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>A. N. Kanove</u>		Print Name <u>THOMAS N. KANOVE</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>9-30-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth K...</u>		Print Name <u>KENNETH K...</u>		Date <u>9-30-86</u>	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **BSS81**

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>		
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-1-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO4SS57766</u>
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanore</u>		Print Name <u>THOMAS N. KANORE</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP <u>45424</u>	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>10-1-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name _____		Date <u>10-1-86</u>



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05583

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-2-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANORR</u>		Print Name <u>THOMAS N. KANORR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>10-2-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date <u>10/2/86</u>	



ENVIRONMENTAL MANIFEST

NO. 05586☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-3-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557166</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-53105</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>	Phone <u>455-53105</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>10-3-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DEYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-6691</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date <u>10/3/86</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 75588

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		2	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-6-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDOA5557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KAUER</u>		Print Name <u>THOMAS N. KAUER</u>		Phone <u>455-5365</u>	
TRANSPORTER				EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>10-6-86</u>	
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS <u>1975 DAYDEN RD.</u>				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>10/6/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL

NO. 85592

EMERGENCY INFORMATION					SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION					NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NA						
IN CASE OF EMERGENCY, NOTIFY:						
NA						
SHIPPING INFORMATION						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
		7	15 cu yd	Wood		
MATERIAL DISPOSITION						
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____						
ADDITIONAL INFORMATION:						
CERTIFICATION						
GENERATOR		DATE SHIPPED <u>10-7-86</u>		EPA IDENTIFICATION CODE NO. <u>OH D045557766</u>		
COMPANY NAME <u>Delco Moraine</u>				STATE I.D. NO. _____		
ADDRESS <u>3100 Needmore Rd</u>				PURCHASE ORDER _____		
CITY <u>Dayton</u>		STATE <u>Ohio</u>		ZIP <u>45424</u>		PHONE <u>454-5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature <u>J. C. Wambold</u>		Print Name <u>JACK C Wambold</u>		Phone <u>4555365</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____				
COMPANY <u>Same</u>		STATE I.D. CODE _____				
ADDRESS _____		JOB I.D. NO. _____				
CITY _____		STATE _____		ZIP _____		PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature <u>Mike M...</u>		Print Name _____		Date Received <u>10-7-86</u>		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>South Dayton Dump</u>		STATE I.D. NO. _____				
ADDRESS <u>1975 Dryden Rd</u>		JOB NO. _____				
CITY <u>Dayton</u>		STATE <u>Ohio</u>		ZIP <u>45439</u>		PHONE <u>2998891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature _____		Print Name _____		Date <u>10/7/86</u>		



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. B5599

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>NA</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu yd</u>	<u>Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-8-86</u>		EPA IDENTIFICATION CODE NO. <u>HD84555 776</u>
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>3100 Needmore Rd</u>		CITY <u>Dayton</u> STATE <u>OHIO</u> ZIP _____ PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>JC Wambold</u>		Print Name <u>JAC/KP Wambold</u>		Phone <u>4558365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Martin</u>		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Dump</u>		STATE I.D. NO. _____		
ADDRESS <u>1925 Dryden Rd</u>		JOB NO. _____		
CITY <u>Dayton</u>		STATE <u>Ohio</u> ZIP <u>45439</u> PHONE <u>294-8891</u>		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>10/8/86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5597

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>N.H.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.H.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: <u>V. 000</u>				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-9-86</u>		EPA IDENTIFICATION CODE NO. <u>OH D045557766</u>
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>10-9-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name _____		Date <u>10/9/86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS603

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cee. YD.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-13-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0 045557766</u>
COMPANY NAME <u>DELCO MORAINES</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5305</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANON</u>		Print Name <u>THOMAS N. KANON</u>		Phone <u>455-5305</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>10-13-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>10/13/86</u>

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **BS606**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-14-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANORE</u>		Print Name <u>THOMAS N. KANORE</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>10-14-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>10/14/86</u>

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. **25609**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <i>Same</i>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <i>Same</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<i>1</i>	<i>15 Cu yd</i>	<i>Wood</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>10-15-86</i>		EPA IDENTIFICATION CODE NO. <i>0.HD0 4555 776 6</i>
COMPANY NAME <i>Delco Moraine</i>		STATE I.D. NO. _____		
ADDRESS <i>3100 Needmore Rd</i>		PURCHASE ORDER _____		
CITY <i>Dayton</i>	STATE <i>Ohio</i>	ZIP <i>45424</i>	PHONE <i>455 5365</i>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>J. W. Wombold</i>		Print Name <i>JACK C Wombold</i>		Phone <i>455 5365</i>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>Same</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <i>Martin</i>		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>South Dayton Pump</i>		STATE I.D. NO. _____		
ADDRESS <i>1975 Bryan Rd</i>		JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>Ohio</i>	ZIP <i>45439</i>	PHONE <i>299-8891</i>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <i>10/15/86</i>

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 05611

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <u>Same</u> IN CASE OF EMERGENCY, NOTIFY: <u>Same</u>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 cu yd</u>	<u>Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-16-86</u>		EPA IDENTIFICATION CODE NO. <u>04P045557766</u>
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 Reedmore Rd</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP <u>45424</u>	PHONE <u>4555365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Jack P. Wambold</u>		Print Name <u>Jack P. Wambold</u>		Phone <u>4555365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mark</u>		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Dump</u>		STATE I.D. NO. _____		
ADDRESS <u>1995 Dryden Rd</u>		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP <u>45439</u>	PHONE <u>2998891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>10/16/86</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 85617

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu yd	Wood
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-20-86</u>	EPA IDENTIFICATION CODE NO. <u>ADP 45557766</u>	
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 Needmore Rd</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>4555365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>JACK WOMBOLD</u>	Phone <u>4555365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Dump</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 Dryden Rd</u>		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP <u>45439</u>	PHONE <u>2998891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date <u>10/20/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 85620

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NA				
IN CASE OF EMERGENCY, NOTIFY: _____				
NA				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 cu yd	Wood
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-21-86</u>		EPA IDENTIFICATION CODE NO. <u>OH1045557766</u>
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 Needmore Rd</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP <u>45420</u>	PHONE <u>4555365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>WACK CLO</u>		Phone <u>4555365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Pump</u>		STATE I.D. NO. _____		
ADDRESS <u>1925 Dredgen Rd</u>		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>10/21/86</u>

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5622

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.H.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-22-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORANE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KANOR</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>10-22-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>10/22/86</u>

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **85623**

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>		
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-23-86</u>		EPA IDENTIFICATION CODE NO. <u>OH D045557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KANORR</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>10-23-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-8391</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>10/23/86</u>



ENVIRONMENTAL MANIFEST

NO. 85630☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>R</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-27-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO9SSS7766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KANORR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MARTIN</u>	Date Received <u>10-27-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DEYDEN</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>290-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date <u>10/27/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85633

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		2	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-29-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDCASS57766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanork</u>		Print Name <u>THOMAS N. KANORK</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>10-29-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DEVDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>200-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>10/29/86</u>



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 75639

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.H.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-31-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>10-31-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>10/31/86</u>

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS641

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu Yd</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-3-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>955-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANICK</u>		Print Name <u>THOMAS N. KANICK</u>		Phone <u>955-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-3-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>11/3/86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5647

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-5-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KANDORR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-5-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>11/5/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS649

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-6-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KAVORE</u>		Print Name <u>THOMAS N. KAVORE</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-6-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-9891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>11/6/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5652

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	W/ODD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-7-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDOA5557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. Kanore</u>		Print Name <u>THOMAS N. KANORE</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-7-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS <u>1975 DRYDEN RD.</u>				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>11/7/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **BS657**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. TRACTOR NO.	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-11-86</u>	EPA IDENTIFICATION CODE NO. <u>OH045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANORR</u>		Print Name <u>THOMAS N. KANORR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>11-11-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date <u>11/11/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS6610

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. TRACTOR NO.	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. YD.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-12-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KANORR</u>		Print Name <u>THOMAS N. KANORR</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-12-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45429</u> PHONE <u>299-9891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>10/12/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **35662**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. YD.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-13-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORAINIE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanow</u>		Print Name <u>THOMAS N. KANOW</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-13-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1075 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>290-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>11/13/86</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. ES664

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-14-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. RANOW</u>		Print Name <u>THOMAS N. RANOW</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-14-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAVDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-9091</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>11/14/86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **B5669**

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align:center">N.H.</div>				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align:center">N.H.</div>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		2	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-18-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 NEEDMORE RD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45421</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. Kanore</u>		Print Name <u>THOMAS N. KANORE</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-18-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON DWAP</u>		ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>11/18/86</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS671

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-19-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>955-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanow</u>		Print Name <u>THOMAS N. KANOW</u>		Phone <u>955-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>McL Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-19-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>11/19/86</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS675

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-21-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO4555766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanow</u>		Print Name <u>THOMAS N. KANOW</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-21-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>200-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>11/21/86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **85677**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-24-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanork</u>		Print Name <u>THOMAS N. KANORK</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>11-24-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDELL RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>209-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date <u>11/24/86</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 85683

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-26-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDOASS5766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KANOW</u>		Print Name <u>THOMAS N. KANOW</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-26-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>11/26/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS687

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
" <u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-3-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAINIE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Link Orange</u>		Print Name <u>LINK ORANGE</u>	Date Received <u>12-3-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **05639**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		T	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR: _____		DATE SHIPPED <u>12-4-86</u>		EPA IDENTIFICATION CODE NO. <u>OHIO 045557766</u>
COMPANY NAME <u>DELCO MORAINÉ</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>12-4-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>200-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>12/4/86</u>

**Delco Moraine**

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.NO. **B5695**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-8-86</u>	EPA IDENTIFICATION CODE NO. <u>OH0095557166</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. N. KANON</u>		Print Name <u>THOMAS N. KANON</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>12-8-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date <u>12/8/86</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 856918

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY:				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>W/ODD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-9-86</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. M. KANOR</u>		Print Name <u>THOMAS M. KANOR</u>	Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>12-9-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 IRVING RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date <u>12/9/86</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5703

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-11-86</u>		EPA IDENTIFICATION CODE NO. <u>OH009557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45429</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KANORE</u>		Print Name <u>THOMAS N. KANORE</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>12-11-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>12/11/86</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05705

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. TRACTOR NO.	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-12-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0 095557766</u>
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kanow</u>		Print Name <u>THOMAS N. KANOW</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>12-12-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>209-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>12/12/86</u>



ENVIRONMENTAL MANIFEST

NO. BS711

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-16-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 NEEDMORE RD.</u>		CITY <u>DAYTON</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
CITY		STATE <u>OHIO</u>		ZIP	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. Kander</u>		Print Name <u>THOMAS N. KANDER</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>12-16-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		CITY <u>DAYTON</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
CITY		STATE <u>OHIO</u>		ZIP	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>12/16/86</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BS713

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. TRACTOR NO.	
N.A.					
IN CASE OF EMERGENCY, NOTIFY: _____					
N.A.					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		2	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-17-86</u>		EPA IDENTIFICATION CODE NO. <u>OHDO95557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>J. N. Kanow</u>		Print Name <u>THOMAS N. KANOW</u>		Phone <u>455-5365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>12-17-86</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>222-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date <u>12/17/86</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B5716

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	11/000
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-18-86</u>		EPA IDENTIFICATION CODE NO. <u>CHD045557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T.N. KAUORE</u>		Print Name <u>THOMAS N. KAUORE</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>12-18-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>489-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>12/18/86</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. BB720

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>		
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		2	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-22-86</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>455-5365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KAUORE</u>		Print Name <u>THOMAS N. KAUORE</u>		Phone <u>455-5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTILI</u>		Print Name <u>MEL MARTILI</u>		Date Received <u>12-22-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date <u>12/22/86</u>

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 135492

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>NA</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 cu Yd</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-14-86</u>		EPA IDENTIFICATION CODE NO. <u>04D045557766</u>
COMPANY NAME <u>Delco MORaine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>3100 N. COLUMBIA RD</u>		CITY <u>Dayton</u>		STATE <u>Ohio</u> ZIP <u>45424</u> PHONE <u>455 5365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>JACK WOMBOLD</u>		Phone <u>455 5365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>LI ORANGE</u>		Date Received <u>8-14-86</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Dump</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYTON RD</u>		CITY <u>Dayton</u>		STATE <u>Ohio</u> ZIP <u>45439</u> PHONE <u>299 3891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____